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An Inquiry . . .

AS TO

Amoebic Dysentery.

An inquiry as to disturbing the Public Mind.

Dysentery Statistics

OF THE

Philippine Islands. .

Filipino Emigration to the Territory of Hawaii.

Some Philippine Diseases.

The most congested agricultural population known.
Five Visayan Islands, P.I.

BY

L. E. Pinkham,

Manila, Hongkong, Honolulu.

Hongkong, 4th March, 1911.

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MANILA, HONGKONG, HONOLULU.

Amoebic Dysentery Inquiries.

Does an *Epsom salt diarrhoea* imposed on a subject having a record of constitutionally *normal stools* and a *microscope* with *amœbae* in its field constitute a *determination* of *amoebic dysentery*?

If such a forced subject *continues*, thereafter, to have constitutionally *normal stools* after the effects of the Epsom salts and microscope has he *amoebic dysentery* or a **theory of amoebic dysentery?**

If *amoebae coli* and other *harmless amoebae* are constantly present in healthy persons, and the discovery of the supposed disease giving Entamoeba histolytica (Schaudinn) requires *extreme care* are not biologists ethically bound to *avoid haste* in their *determinations* and to *verify* their findings?

Another Inquiry in re Dysentery. What lengths are warranted in disturbing the Public Mind ?

Does an average of *one death* per year from *Amoebic dysentery* among *5526* residents warrant it ?

Does an average of *two deaths* per year from *Amoebic dysentery* in the Civil (white race) Hospital, Manila, warrant it ?

Does an average of *one child's* death per year from *all forms* of *Dysentery* for each *1079 inhabitants* of Manila warrant it ? and in the year 1909-1910 one death in 1430 ?

Does an average of *one adult* death per year from *all forms* of *Dysentery* for each *2344 inhabitants* of Manila warrant it ? and in the year 1909-1910 one death in 4988 ?

The Filipino Laborer is not a Coolie.

The sooner those abroad and those at home who desire to profit by his labor realize that fact the better for all concerned.

By too great a degree business desires to exploit him within the Philippines and those abroad class him with Asiatic labor.

On the other hand the Filipino, dependent on his own physical efforts, must learn he has no claim to be a public ward, but stand on his own personal merit as a laborer of commendable habits, industry, integrity and physical fitness.

REFERENCES.

The latest and standard works on Tropical Diseases, literally quoted, with page notations.

Practice of Medicine,
by James M. Anders, M.D.
Saunders Pub. Philadelphia
1899.

Amœbae are regarded as the cause of tropical dysentery, but they are found in healthy persons and also in various bowel troubles other than dysentery.

Transference is supposed to be through drinking water.

Amœbic dysentery is found not only in the tropics but throughout Europe and North America.

The duration of Amoebic dysentery is eight to ten weeks.

The disease can be cut short by treatment. Neglected it tends to become chronic.

Tropical Diseases,
by Sir Patrick Manson, M.D., L.L.D., &c.
Cassell & Co., Pubs. London.
1898-1900-1903-1904.

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p.p. 375 Great epidemics of dysentery have been confined to temperate latitudes. Ordinarially this disease is more endemic in tropics and semi-tropics.

It may be generally conceded unhygienic conditions, impure water supply, overcrowding, and, especially in tropical and sub-tropical countries, coarse, monotonous and unsound food produce dysentery.

p.p. 376 We may know something of the symptoms and morbid anatomy of disenteric disease, but we are obliged to confess that we know next to nothing about the real specific cause of the malady.

We cannot even say for certain whether there is but one disease having grades of severity or a dozen specifically distinct diseases included under the term dysentery.

p.p. 383 The direct and immediate mortality from this disease is, under modern treatment, not high.

p.p. 390 Lately certain observers have endeavored to make out that there is a distinct type of dysentery (amoebic dysentery, associated with the presence of *Amoeba coli* in the stools.

When present the *amoeba* is generally *easy to find.* p.p. 391

There can be no question as to the occurrence of this p.p 392
parasite in dysentery, but it is difficult to say what may be its exact significance in relation to the disease.

However prima facie this evidence may be regarded, there p.p. 395
are many cases of dysentery where the *amoeba cannot be found,* even in those clinically as "*amoebic dysentery.*"

Gasser, familiar with the "*amoeba coli*" in very numerous cases of dysentery, concludes *amoeba* have only an *accidental relation* to dysentery and are present only because the foecal matter presents a *favorable medium* for multiplying in.

Celli and Fiocca after much study and scientific investigation conclude that *amoeba coli is not the direct cause of dysentery.*

Seven varieties of amoeba, including "Amoeba coli," p.p. 394
have been found in the intestines, *amoeba coli* attracts attention from *size, motion* and *easy of discovery. Other forms of amoeba require specially prepared cultures and the keenest sight and observation for detection and confirmation.*

Notwithstanding vast speculation, and some work to p.p. 397
ascertain the germ or germs of dysentery, it cannot be said we are, as yet, even near the complete solution of the problem.

A System of Medicine
by Many Writers.
Nine Volumes.
Macmillan & Co. Pubs, London, New York.
1907.

Amoebic Dysentery,
by Simon Flexner, M.D., and Andrew Davidson, M.D.

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p.p. 527 Sporadic indigenous cases have been reported from St. Petersburg, Konigsberg, Kiel, Hamburg, Berlin, &c., and the central and Southern parts of Europe, not, however, of endemic prevalence.

Prof. Osler states it to be the commonest variety of dysentery throughout the United States.

The common vehicle of infection is believed to be drinking water.

These organisms, amoebae, are so commonly, constantly and abundantly present in drinking water in tropical and sub-tropical countries, if they were all or in part pathogenetic (i.e. capable of producing the disease), amoebic dysentery should be everywhere one of the commonest of diseases.

p.p. 530 Lambl, Lewis and Losch were the first (years 1860-1873) to call attention to amoebae in dysentery.

Losch did not regard the *amoebae* as the direct cause but merely as an additional irritant in the course of an ordinary dysentery.

p.p. 531 Cunningham and Lewis *found amoebae in healthy persons* and in cholera and other diseases.

p.p. 532 Quincke and Roos investigated the *normal (healthy) intestine* relative to the presence of *amoebae*. They administered Carlsbad salts to twenty-four persons and in nine found amoebae. These amoebae—containing stools had practically no action on cats.

Schuberg obtained *amoebae* from the stools of *healthy persons* by administering Carlsbad Salts, i.e. Epsom Salts. He considers them *normally present in human beings.*

Kruse and Pasquale made similar but more extensive investigations. In traveling they found *amoebae in their own stools* and also in those of *other healthy persons.* They conclude that in some countries *amoebae* are quite largely *normal inhabitants* of the *healthy intestine.*

The *importance* of obtaining *cultures* of the *amoebae* p.p. 533
outside the body has been clear to all investigators of this subject.

Musgrave and Clegg have recently attracted attention by their publication.

They, following the methods of Tsujitani and Frosch, p.p. 534
obtained plate cultures of amoebae. They have had much difficulty in progressive tests of their cultures from the *absence of pathogenetic* (disease giving) *bacteria* necessary to bring out the injurious effects of the *amoebae.*

The results of Musgrave and Clegg's experiments, with *cultures of amoebae* derived from the intestinal contents of dysenteric patients, would be more conclusive were it not that cats and dogs, which have shewn themselves especially suitable for innoculation experiments, were apparently unaffected by the cultures, and monkeys, which do not readily yield to infection with the natural *amoebae-containing* material in man, were relatively easily susceptible to the cultures.

These experiments, while not wholly conclusive, are important.

Tropical Medicine
by Gilbert E. Brooke, M.D.
Cantab. and Singapore.
Chas. Griffin and Co. Pubs.

London 1908.

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d.p. 200 Scheube has adduced two facts to invalidate an amoebic origin of dysentery. He says there are cases of dysentery in which no amoebae are present and further says that amoebae are frequently found in stools of healthy people who have never had dysentery.

Note: (Since bacilli of other diseases are found in healthy persons Brooke considers the above no argument).

There are three species of amoebae found in man.

1 Entamoeba dysenteriae. (Schaudinn)

2 Entamoeba coli. (Schaudinn.)

3 Paramoeba hominis. (Craig.)

The first only of these is pathogenic (disease giving) and the cause of tropical dysentery.

p.p. 201 The other two are non-pathogenic (i.e. non-disease giving) and their presence is accidental.

Amoebic dysentery may begin for a day or two with preliminary diarrhoea and then dysentery set in.

The stools may average from twenty to sixty or more per day.

(Treatment described. No notes on mortality).

Diseases of China
by W. H. Jefferys, A.M., M.D., Univ. of Penn.
and James L. Maxwell, M.D., London.
P. Blakiston's Son and Co. Pub. Philadelphia.

1910-

Dysentery.

Dysentery is at its worst in South China and Formosa. p.p. 216

Amoebic Dysentery is caused by the presence of *amoebae coli or* its *accompanying* pyogenic (disease giving) *germs* in the wall of the intestine, (possibly due to the combined action of both). Whether there are two amoebae, *entamoeba hystologica* and *entamoeba dysenterica*, is still disputed, and we think the evidence very far from convincing p.p. 218

What we do know is that *amoebae may* and *often do* exist in the bowel contents *without causing* pathological (*disease giving*) effects, while at other times amoebae, indistinguishable from these, attack the walls of the bowel causing ulcers and dysenteric symptoms.

The exact reason why at one time these parasites should be *harmless*, and at another pathological, (*disease giving*), we do not know, but neither do we know this in the case of the *bacillus communis* which often shows the same difference.

Manual of Tropical Medicine
by
Aldo Castellani, M.D., &c., Colombo, Florence, Naples.
Albert J. Chalmers, M.D, &c., Colombo, Liverpool, &c.
Dedicated to Sir Patrick Manson, M D.
Bailliese, Tindall and Cox, Pub. London,
1910.

Entamoebiasis
Amoebiasis
Amoebic Dysentery } *Entamoebic Dysentery.*

p.p. 976 Is generally endemic and does not spread in epidemic form.

Is common in tropical and sub-tropical Africa—Mauritius—Ceylon—China—Indo China—Philippines—Brazil and
p p 977 Chili. Endemic in Russia and Germany and fairly frequent in Southern Europe, and not infrequent in America.

p p 975 Is an acute or chronic specific disease of the intestine, caused most commonly by *Entamoeba hystolytica* Schaudinn 1903, and by *E. tetragena* Viereck 1907 in some cases, and possibly by other species.

These *Entamoebae* enter the body with food and water. Musgrave's (Manila) researches point to drinking water and
p p 977 infected green vegetables.

p p 976 The characteristics are frequent stools with blood and mucus associated with abdominal pain and tenesmus.

In the year 1860 Lambl first noticed *amoebae* in diarrhoea. In 1870 Lewis noticed the same in stools of cholera patients. Loesch in 1870 found certain *Amoebae* in stools of chronic diarrhoea. Loesch's *Entamoeba coli* is now designated as *Entamoeba hystolytica*.

Loesch was able to infect dogs.

Grassi, Cunningham and Lewis showed the *stool of healthy people* contained *entamoebae.*

Kartulis defined finally the types of dysentery as *endemic* due to *amoebae* and *epidemic* due to *bacteria.*

In 1891 Camcilman and Lafluer introduced the term "*Amoebic Dysentery.*"

Malva, Quincke, Roos, Vivadi and many others made experimental researches on the infection of animals by amoebae.

Among observers prolonged discussion occurred, some asserting some denying the pathogenicity (disease giving powers) of *amoebae* Casagrandi, Barbagallo and Jurgen's researches were confirmed and extended by Schaudinn, viz, the *Entamoeba Coli,* Loesch to be *harmless* and the *Entamoeba Histolytica* Schaudinn the cause of *entamoebic dysentery.*

Symptoms Classified.

No. 1 Acute Type.

Onset sudden—very severe pain in abdomen—motions (movement of the bowels) attended with much griping and straining. These motions rarely exceed *thirty* per day and contain blood and mucus. p.p. 979 p.p. 980

If death occurs it takes place seven to ten days from commencement.

No. 2 Chronic Type.

May follow acute attack. Pain, slight fever, and griping occurs just before and during motions. Motions may not exceed *twelve* or *fourteen* per diem, and more frequently at night than day.

No. 3 Latent Type.

Cases mostly discovered at post-mortems. p.p. 981

No. 4.

Mixed infection of *entamoeba hystolytica* and Shiga-Kruse *bacillus.* Death rather than improvement ensues.

The diagnosis between *bacterial* and *amoebic* dysentery
p.p. 982 clinically is in our opinion *impossible* in most cases.

The only certain method is the discovery in the stools of *Entamoeba hystolytica* using *extreme care not to confound* it with the *harmless Entamoeba Coli.*

The

Medical Annual

by Thirty two notable Medical Contributors.

Twenty-eighth year.

London—Paris—New York—Calcutta—Cantab, &c.,

1910.

Amoebic Dysentery by J. W. W. Stephens, M.D.

p.p. 272 C. M. Wenyon draws attention to the view that the finding of protozoa in the stools in diarrohoeic conditions is no evidence that they are the cause of the diarrhoea, basing his view on the fact that various protozoa, e.g., Amoeba sp., exist in healthy animals.

With regard to the amoeba in the gut of man, he notes that *the life cycles is the only definite means of distinguishing the different amoebae.*

He has been able to confirm Schandinn's views with regard to the *non-pathogenic (non-disease giving) Entamoeba Coli* by the study of the same amoeba in mice.

The Cultivation and Pathogenesis of Amoebae

BY

W. E. Musgrave and Moses T. Clegg.

Philippine Journal of Science.

Vol. I.—November, 1906—No. 9.

This paper being of peculiar interest as having been experimentally fostered, written and published under the patronage of the Philippine Government is given this prominence.

Amoebae.
Musgrave and Clegg,
November, 1906.

The writer had some difficulty in securing a copy of this paper, and has been unable to learn of any book on the subject by these writers.

NOTES BY THE COMPILER OF THIS PAMPHLET.

To what extent, if any, government action has been influenced by the peculiar indeterminate assertions of Musgrave and Clegg as to Amœbae (for their right to appropriate the term Amœba Coli Losch would seem to be challenged by every writer at hand) in the intestines of human beings, one would not wish to propound.

Nevertheless their theories are now being imposed on Filipinos seeking to better their condition. While the inhabitants of the Territory of Hawaii are entitled to the *fullest protection*, those politically related persons, the Filipinos, having Federal determined rights of travel and residence, should not have physical obliqnity forced upon them without some consensus of opinion among scientific and medical authorities.

The writer does not attempt to settle any point, but does assume the right to make pertinent interrogatories.

He does attempt to place briefly and sharply the statements of authorities, recognised the world over, and statistics, both up to near the year 1911, before the medical profession and thinkers of Hawaii, and possibly elsewhere.

Several authors have mentioned Musgrave and Clegg's work, but none, available to the writer, have accepted their conclusions unreservedly.

Certainly the *amount* of work done by Musgrave and Clegg deserves commendation.

Mr. Clegg in his paper seems to speak *ex cathedra*. Musgrave and Clegg quote in their article as follows:—

Schaudinn.

pp. 935 "*Amoebae*, description *E. Coli*, were found in *20 to 66* (*or more*) per cent. of the stools of *healthy people* examined and did not reproduce in kittens. *Amoebae, E. histolytica*, were found *only* in stools *with clinical dysentery* and did reproduce in kittens."

Craig.

"Found *E. Coli* in *65 per cent.* of the stools of *healthy people*, and *50 per cent.* in people having other diseases. These tests were made in *San Francisco.* In Manila he (Craig) found *E. Coli* in the stools of *70 °/₀ of healthy American soldiers* examined."

Musgrave and Clegg State.

pp. 917 "We have been again unable to find amoebae as prevalent in the stools of human beings in Manila as have been reported for this locality and for other countries during the last few years."

pp. 936 Note:—(The data given on this page as to institutions in Manila need not be quoted in this pamphlet for they are cumulative and not of recent date and later statistics year by year are given.)

Note:—(The limits of this pamphlet and patience of the reader will not permit of comprehensive quotations, the text is necessarially very verbose, but the writer believes he is within the bounds of fact, courtesy and commonsense when he states, in lieu thereof, that Musgrave and Clegg have gone through a mass of intricate experimentation and phenomena from which they have apparently drawn no practical conclusions, or even positive scientific conclusions of applicable value to the medical profession, government or individuals save precautions in the growing and consumption of vegetables, and water taken internally: and what they *have attempted* is more in the way of *negativing or discrediting other investigators or writers.*)

Their own words would seem to bear this out: "In comparing our observation with some of the recent literature (previous to 1906) upon the biology of amoebae it appears that the establishment of two species of amoebae for human intestine is hardly sustained by the data given." pp. 945

"We have not actually observed the entire life cycle of any amoebae, but known forms of reproduction are: &c."

"In summarizing this mass of fact and theory concerning the biology of amoebae, it is readily seen how difficult it is to systematise the points in such a way as to justify classification. We have failed to follow Schandinn or others in their species determinations, and it appears that many important premises upon which their conclusions were based are not borne out by our work. It seems to us that more work must be done before a satisfactory classification can be made, and until such a time *we prefer and believe* that *we* are fully justified in retaining the name *Amoeba coli Losch* to represent *those amoebae which are found in the intestines of human beings.*

Notes:—Have not Musgrave and Clegg attempted, in the face of all other investigators and writers, to *confuse* and *cast suspicion* on all amoebae, *harmless* or *unsuspicious*, found within the human intestinal system?

Have not *clinical manifestations* an important bearing on amoebic dysentery and should they not be given relatively due consideration in diagnosis?

Is it not the consensus of opinion of the highest authorities *that E coli are harmless* and, if so, should the presence of E coli justify a diagnosis, *amoebic dysentery?*

Are not biologists warned to use *extreme care* in determining E. histolytica?

Have not Musgrave and Clegg assumed much in casting such *unrestricted suspicion* on a mass of *healthy individuals* throughout the tropics, semi-tropics and elsewhere?

Should *doubting knowledge* be given the weight of positive or well fortified knowledge?

Were not these gentlemen absolutely correct when they stated "*It seems to us more work must be done*"?

FILIPINO EMIGRATION

TO THE

Territory of Hawaii,

United States of America.

Filipino-Emigration to Hawaiian Islands.

An Uplift.

A brief general review of the Emigration.

This movement of Filipinos to Hawaii was about the first intimation these people had that four, five and six times their customary yearly earnings were within their reach. As the scale of wages and accessories became known through the press and otherwise the tendency was toward an uplift in the value and knowledge of the value of local labor.

To Mr. O. A. Steven of Honolulu is due the great credit of inaugurating this Filipino emigration movement and placing these facts and opportunities before the overcrowded Visayans, not only as a matter of business, but an earnest humane endeavor to relieve in a slight degree the congested population.

In starting the movement the venturesome were the first to emigrate, not all possibly the most desirable but an exodus must be allowed to get its first impetus.

The Filipinos have willingly submitted to more rigid medical examinations than the regulations of the U. S. P. H. and M.H. Service require, and they have consented to expose their persons above the waist.

What more could have been expected of them in their own country where every act is of necessity voluntary and the medical examination unofficial, and it is doubtful if there is any authority to make it otherwise?

In Hongkong, under British rule, examinations become lawful and all emigrants have been passed upon by the Port Physician of Hongkong, the U.S.P.H. and M.H.S. doctors and ship's surgeon, a total of four physicians, and have submitted to disinfection.

By orders from Washington, a year passed, examinations for trachoma ceased. Private diseases may be acquired in transit. Unless certain liberties are taken such diseases may escape observation.

Incipient and undiscoverable disease may be brought to the surface by the disinfecting bichloride baths all have to pass through. Latent disease may speedily manifest itself or be acquired in the damp, chilly climate of Hongkong, or by the sudden transfer from a hot to a freezing climate, the privations on shipboard, sea sickness and, in some, heart sickness.

In the haste of assembly and embarkation in the Philippines a few undesirables may slip past in the examinations.

It seems, however, the main trouble is the sudden discovery at Quarantine, Honolulu, of a disease of assumed sensational progress, that the Philippine Bureau of Health Reports fail to show has any notable degree of fatality.

In an honest endeavor to ascertain the true facts as to Amœbic Dysentery this pamphlet of inquiry is written and the most distinguished writers on Tropical Diseases are quoted.

A few notes on hookworms are given.

A list of diseases incident to the Philippines.

Statistics from the Philippine Bureau of Health Reports.

PHILIPPINE HEALTH STATISTICS.

Taken from the reports years 1907-1908, 1908-1909 and 1909-1910 being the only complete and accurate data relative to known numbers of population exposed and affected.

Amoebic Dysentery.

Bilibid Prison (4515 inmates) Hospital.

Years.	*Remaining.*	*Admitted.*	*Died.*	*Discharged.*	*Remaining.*
1907-1908	39	617	2	623	1
1908-1909	31	133	none	133	1
1909-1910	1	26	1	26	none

Iwahig Penal Colony (1011 inmates) Hospital.

		Admitted.	*Died.*	*Discharged.*	*Remaining.*
1908-1909	....	1	none	1	none
1908-1910	....	7	1	5	1
Grand Total ...		784	4	784	

The remarks of the Director of Health for the above years are brief and substantially the same. 1907-8:—"Amoebic Dysentery is the most formidable opponent to American occupation, yet it belongs to a class of disease avoidable by adherence to simple hygienic rules, and is almost unknown to those who wash their hands before eating, who drink distilled or boiled water and avoid eating uncooked low-growing garden vegetables. Disease not nearly as prevalent as formerly. Report 1908-9 the same. Report 1909-10 briefly the same, adding: "The natives are not immune, but the disease with them tends toward recovery. Abscess of liver is not common."

Civil Hospital Reports.

Manila Civil Hospital.			*Baguio Civil Hospital.*	
AMEBIASIS INTESTINALES:			DYSENTERY ALL FORMS:	
Years.	*Cases.*	*Deaths.*	*Cases.*	*Deaths.*
1905– 6...	188	2	17	2
1907– 8...	100	3	31	2
1908– 9...	53	1	27	none
1909–10...	62	2	39	none
	403	8	114	3

Recapitulation.

AMOEBIC DYSENTERY:

	Total Years.	*Residents.*	*Cases.*	*Deaths.*	*Annual Death Rate.*
Bilibid Prison...	3	4,515	776	3	1
Iwabig Penal Colony...	2	1,011	8	1	½
(Manila Civil Hospital	4		403	8	2)
		5,526			1½
ORDINARY DYSENTERY:					
City of Manila	3	234,409		945	318
Baguio Civil Hospital..	4		114	3	¾

Average annual deaths Children... one to 1,079
,, ,, Adults..... one to 2,344
1909–10 ,, ,, Children... one to 1,430
,, ,, ,, Adults..... one to 4,988

The report of 1906–7 was unprocurable.

Manila Mortality Statistics.

Population 234,409.

Deaths *from* Dysentery *in* all its various forms.

Years.	1907—1908.				1908—1909.				1909—1910.				
Nationalities.	Am.	For.	Fil.	Chi.	Am.	For.	Fil.	Chi.	Am.	For.	Fil.	Chi.	Total.
Age Under 1 yr.			11				22		1	1	20		53
1 to 5		3	165		1		175		2	1	110	1	458
5 to 10		1	63				52				26		142
10 to 15			12				11				4		27
15 to 20			7				8				8		23
20 to 25		1	10	2			17				5		35
25 to 30	1	3	8	4		1	9		1	2	1		30
30 to 35			8	3	1		9	2			2		25
35 to 40	1	3	11	4		1	11	5			1	3	40
40 to 45			4	3	2		6		1	1	1	1	19
45 to 50			10	2	1		10	1			1		25
50 up	1	1	29				25			1	16	2	75
	3	12	338	18	5	2	358	8	5	6	195	7	954

Deaths of American Children		4	Adults	9	Total	13		
,,	Foreigners	,,	6	,,	14	,,	20	
,,	Chinese	,,	1	,,	32	,,	33	
,,	Filipinos	,,	617	,,	217	,,	888	
,,	for 3 years total	,,	655	,,	299	,,	954	954

Average deaths as to population { 1 child to 1079 persons.
{ 1 adult to 2344 persons.

Note that in the year 1909—1910 the deaths of children fell to 1 in 1430 and adults to 1 in 4988 population.

Ordinary dysentery is essentially a children's disease arising from improper food, lack of care, and poverty.

HONOLULU REJECTED EMIGRANTS.

COMPARISONS OF EXAMINATIONS TO DATE.

All originally examined at Manila or Cebu. One examiner each city. All passed for quarantinable disease at Hongkong. Four examiners. All examined at Quarantine Honolulu.

S.S. Tenyo Maru returned emigrants examined at Hongkong. Two examiners.

„ Korea „ „ „ „ Manila. One examiner.

„ Nippon Maru „ „ „ „ Hongkong. Two examiners.

	S.S. Tenyo Maru.		S.S. Korea.		S.S. Nippon Maru.	
	Hon.	Hongk.	Hon.	Manila	Hon.	Hongk
Free from disease	12	29	13	13	10	10
Amœbic Dysentery	20	—	15	—	20	—
Ditto and Tuberc	2	—	—	—	—	—
Tuberculosis	5	—	4	4	5	3
Trachoma	3	2	—	—	—	5
Slight Trachoma easily cured	—	1	—	4	—	7
Syphilis	3	—	2	—	—	—
Gonorrhea	—	—	—	1	—	2
Itch ... curable	—	7	—	—	—	—
Slightly weak heart ..no bar.	—	2	—	2	—	—
Heart very weak	—	1	—	5	—	—
Weak Lungs	—	—	—	—	—	2
Liver Pain	—	2	—	—	—	—
Anaemic	—	—	—	—	—	2
Beri-beri	—	1	—	5	1	1
Fits	—	1	—	—	—	—
Asthmatic	—	—	—	—	—	1
Deaf	—	1	—	—	—	—
Blind	—	—	—	—	1	—
Blind of one eye ... no bar	—	—	—	—	—	1
Deaf mute	—	—	1	1	—	—
No knee jerk	—	—	—	—	—	1
Imbeciles	2	—	—	—	—	—
	47	47	35	35	37	37
Normally useful persons	12	39	13	15	10	17

Some Philippine Diseases.

Tuberculosis.

Tuberculosis may make a sudden onset where marked changes of conditions occur, such as exposure, damp, chill, cold, &c., and especially where the subject has been poorly nourished, and is absolutely unaccustomed to cold or wide ranges of temperature, and possibly ignorant of ordinary precautions.

What is termed galloping consumption occurs in the Philippines.

Possibly severe Hongkong winter weather, chilly quarters, for heating is not characteristic of houses, and exposure at sea may advance incipient and undiscovered cases.

Beri-beri.

It at times makes rapid advances. The Director of Health is so convinced that beri-beri is largely caused by eating polished white rice, it was proposed to levy an extra one cent gold per pound duty on polished rice that its increased cost might induce the people to consume rice in its natural condition.

Trachoma.

It is useless to discuss trachoma for the subject covers a range of experience, clinical conditions and opinion prohibitive of a consensus of opinion. Suffice to say the U. S. P. H. and M. H. service have ceased examinations for trachoma outward bound.

Venereal Diseases.

Examiners who are permitted to disrobe the subjects have the advantage of those who cannot.

Even if an emigrant leaves the Philippines clean it is no guarantee he will arrive clean in Honolulu.

Opportunities for infection occur both in Hongkong and Japan and Honolulu. The date of infection and development may be such an interval apart the subject may

depart infected in spite of rigid precautions. By mere chance two such cases were intercepted within the week.

Hookworm Disease.

In the Philippine Bureau of Health report of 1907-1908 there was quite a startling review of the hookworm disease in Bilibid prisoners. The report of 1908-1909 regretted more work had not been done in investigating this disease, but stated at Taytay, Rizal, a town particularly sensitive to health disturbance, extensive examinations had been made, and ten per cent. of the 1,000 examined had hookworms. Later the town of Las Pinas, Cavite, furnished 623 cases for examination and an average of 12.30 per cent. infection was established. The report of 1909-1910 raises the average in 6,000 cases examined at Las Pinas to 16.13 per cent., while in Cagayan Valley 802 were examined and the average infection found to be 10.71 per cent.

Dr. Heiser adds: "From a study of the statistics of Bilibid, Taytay, Las Pinas and Cagayan Valley, *it is apparent that conclusions drawn from such meager data would be misleading* and that considerable additional work will be necessary before definitely determining what steps should be taken."

It is unnecessary to quote medical authorities, works on tropical diseases are accessible, the disease and its causes not mysterious or alarming, treatment not involved or expensive, and further the Porto Ricans in Hawaii, similarly afflicted, have been easily restored to normal health.

Cholera.

Cholera is a synonym for contaminated food and water taken internally, aided by personal fear and panic.

It is usually prevalent where the water supply is from wells, cisterns and contaminated streams.

When these are filled up, destroyed or absolutely avoided, cholera disappears with remarkable promptness

The writer was more than ordinarially exposed in an epidemic of cholera in a small city, where deaths numbered as high as seventy in a day, yet experienced no apprehensions though associated with officials directly concerned in its suppression.

Our servants were forbidden absence from the premises. All water for drinking, cooking and washing utensils was distilled and reboiled. Dishes were subjected to a high temperature in ovens. Only well-cooked food, including potatoes, was eaten. Green vegetables cooked or uncooked were avoided. Such as were consumed were from cans, as were the fruits, first scalding the exterior of the cans. Cleanliness, particularly of the hands, was enforced on the servants. This method of living gave confidence and usual occupations were pursued without any apprehension.

Pages might be written without as clearly defining safe methods, as the above.

Plague.

The last case of plague in the Philippines occurred on the 20th of April, 1906.

Diphtheria.

The mortality tables classify as diphtheria and croup. In four years in the city of Manila (pop. 234,409) these diseases have caused the death of two white children and twenty-five native children.

Small Pox.

In Manila it is reduced practically to cases of varioloid. Its appearance is simply due to non-vaccination and becomes epidemic where vaccinations have been unable to reach the people. Suspicions raised by designing persons at times hinder vaccination.

Filipinos and the Philippines.

The most congested agricultural population known.

Five Visayan Islands.

Political Status of Filipinos.

By political evolution, war and destiny the Filipino is a ward of the United States of America.

Although a special political entity *he has citizen rights of travel and residence,* hence his personal right *to go where he will* in the United States need not be discussed.

Economic Characteristics.

Except in degree he resembles the rest of the world. If wealthy his living relatively corresponds to persons of wealth of other nationalities and the centers of wealth and fashion in Europe are not strange to him. The graduated scale of possessions has the common effect as elsewhere.

The number of poor is proportionately much greater, but absolute helplessness is less, than in highly civilized countries. Climate is the great guardian. Few, in fact none, lack shelter, for the bamboo, palm, grasses and rattan furnish cheap materials for quickly supplying a home ranging from shelter to one of considerable pretensions.

Education.

The Catholic Church gave him a degree of education that was quite general but not very practical.

Under the authority of the United States altruistic and pedagogic theories of education have undisputed sway, and no thinker is allowed, without professional anathema, to suggest possibly it would be better to keep a little nearer the educational necessities of common every day life. If the theories prevail indefinitely a plan will have to be devised for a pyramid to safely maintain its equilibrium standing on its apex.

Food.

The Filipinos, as a race, have always been an underfed people. This is not so much disclosed by appearance as lack of physical reserve and stamina.

Their main diet in the Visayas is corn meal. Domestic fowl, pigs, fish and certain vegetables and sweet potatoes abound, as do proportionately an excessive number of people to consume them.

Character.

The writer has never failed to receive deferential, respectful, courteous treatment from the Filipino, possibly because he has never failed to be courteous to them.

Acquired from the Spaniards, the Filipino has quite fixed ideas as to courtesy and is intensely sensitive to ridicule. As a rule they prefer less wages and considerate manners rather than greater wages and humiliation. The "tao" worker averages a pretty good fellow. In some higher lines of employment he is very capable, hard working and efficient,

Financial temptation were better kept beyond his reach.

Having few wants and few or no ideas as to the accumulation of property, as the needs of childhood and old age are provided for by paternal and filial obligation, he is not an ambitious worker on his own account beyond present necessity.

The theory all men are equal, especially a Filipino and an American, has led some of the recently educated and modern dressed younger Filipinos to impress the fact by quite decidedly questionable manners. It is, however, doubtful if the better Filipino minds approve.

Politics the writer will let alone save to say it took one hundred and fifty years for Americans of one language, homogeneous and experienced, to school themselves for independence. How long then should it take the Filipinos, with tribal differences, thirteen main dialects, and numerous others, to properly prepare themselves? They have done remarkably well, but———

Work and Wages.

Where public utilities, roads, bridges and buildings have been established and a higher standard of living imposed, the Filipino has risen to the situation and there

has been an increase of wages but not relatively to those obtaining in America. The climate and shorter hours compensate in a degree. The Filipino is entitled to much credit in meeting modern skilled labor demands.

Agricultural Wages.

The writer will confine himself to sugar labor facts as disclosed by H. S. Walter, government sugar chemist, Report of 1910, page twenty, and his own personal knowledge.

It must be remembered the employment is not continuous but by seasons.

Common Sugar Wages (Walker.)

Normal wages	25 centavos	or	12½ cents	gold	per day,
Subsistence	15 ,,	,,	7½	,,	,,
Total compensation	40 ,,	,,	20	,,	,,

Highest Wages Common Sugar Labor (Writer.)

Wages with subsistence	40 centavos	or	20 cents	gold	per day.
,, without ,,	50 ,,	,,	25	,,	,,

What can be expected of labor on such a scale of wages, out of which dependents must be supported and debts paid? There are instances where a still slightly higher wage is paid. A recent American enterprise has been forced by circumstances to materially increase the above rates, but it is doubtful if it was the original intention. As will be noted another influence tends toward the establishment of a higher wage, i.e. wages offered in the Hawaiian Islands.

The Laborer's Complaint.

He states if he leaves his own home and island to work on the sugar plantations of another, he finds, on his return, his compensation has been so small he has not improved his condition, but the reverse.

The planter too has his grievances.

The most congested agricultural population known

Exists on five Visayan islands and on two of these islands, Cebu and Siquijor, the country is so rough side hill

agriculture is prosecuted to the very mountain tops on unterraced fields lying at an angle of 40 to 45 degrees. These islands are subject to droughts, and the population is increasing, hence the margin against starvation is so small the Philippine government would welcome some movement to other islands or even other insular parts of the United States.

Population to the arable square mile.

While no survey has been made of arable land (or census since 1903) the writer, after much study, travel and observation, ventures to estimate as follows :—

Island	Siquijor	population	per arable	square mile	980
,,	Cebu	,,	,,	,,	760
,,	Mactan	,,	,,	,,	1.310
,,	Bantayan	,,	,,	,,	840
,,	Camotes	,,	,,	,,	600

The Ilocos Provinces of Luzon could well spare 65,000 and the southernmost provinces also a large number.

Why does not the Filipino Emigrate.

He is something of a fatalist. His wants are few. He views to-day, not to-morrow. He loves his home t e it but a hut. He is from experience timid and suspicious.

He does not know the outside world, still he is not as ignorant as others imagine. When, in years past, he has left his island home he has not realized the benefits expected.

The Filipino has the making of a pretty fair every day man, with human weaknesses, if he gets a chance. One would be foolish to idealize him and equally foolish not to give him his just dues.

The Filipino is learning and if American political and educational altruism and the interests do not throw him off rational equilibrium and exploit, to his practical eviction, the opportunities in the Philippines, he will give a fair account of himself.